

FORM**42**Rev
03/12**State of Colorado
Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109

**OGCC RECEPTION**

Receive Date:

10/25/2012

Document Number:

400339373**NOTICE OF NOTIFICATION****Entity Information**OGCC Operator Number: 66571Contact Person: Christina PierceCompany Name: OXY USA WTP LPPhone: (970) 263-3600Address: P O BOX 27757Fax: (970) 263-3698City: HOUSTON State: TX Zip: 77227Email: Christina_Pierce@oxy.comAPI #: 05 - 045 - 20967 - 00

Facility ID: _____

Location ID: _____

Facility Name: Cascade Creek 697-05-67ASec: 8Twp: 6SRange: 97WQtrQtr: NENWLat: 39.543730Long: -108.246440**NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required**Date of Treatment: 10/29/2012Time: 08:00 (HH:MM)**Estimated first date of flow back November 15, 2012**

This form must be signed by an authorized agent of the entity making assertion.

I certify under penalty of perjury that this report has been examined by me and to the best of my knowledge is true, correct and complete.

Print Name: Christina PierceEmail: Christina_Pierce@oxy.comSignature: Christina PierceTitle: Engineering TechDate: 10/25/2012